

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

This checklist is to assist you in conducting your annual CRC self-evaluation. You may use this checklist to update an existing CRC Plan and identify areas requiring remediation during the life cycle of any given plan.

**A. DATA COLLECTION:**

1. Our agency has developed and implemented a data collection system to help identify the race, ethnicity, disability and protected group status of our customers, employees and applicants applying for employment:

The agency has a data collection system to record how many employees in our agency have disabilities. ☐ YES ☐ NO

- a) The system updates the data every year ☐ YES ☐ NO  
b) Your data collection process is compliant with ADA requirements for confidentiality and maintained separately ☐ Yes ☐ No

2. Our agency has a system that records the race, ethnicity and gender of:

- a) Employees and applicants for employment ☐ Yes ☐ No  
b) Participants ☐ Yes ☐ No

3. Our agency has develop and implemented a system to record the:

Interpretation needs of LEP participants ☐ Yes ☐ No

- a) We have a list of written translation of vital documents for LEP groups  
☐ Yes ☐ No  
b) Sign interpretation needs of deaf and hard of hearing participants ☐  
Yes ☐ No  
c) Other accommodation needs of participants with disabilities ☐  
Yes ☐ No

*If you responded "No" to any of the above questions, describe below how your agency plans to address these requirements. Including target dates for completion of milestones, in the following space:*

**B. AFFIRMATIVE ACTION STRATEGIES AND RECRUITMENT  
PLAN:**

List the Job Categories with Previous Negative Variances	List the Percentage Negative Variance for Women	Did you achieve you goal of a balance workforce for Women?	List the Percentage Negative Variance for Minorities	Did you achieve you goal of a balance workforce for Minorities?	List the Percentage Negative Variance for Persons with Disabilities	Did you achieve you goal of a balance workforce for Persons with Disabilities	

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist


- a) Were the agency/organization Affirmative Action Goals met during this self-evaluation period?
- b) If negative variances still exists for any protected group (i.e., women, minorities or persons with a disability) in any Job Category, please describe your new plan for addressing these negative variances. Consider developing new approaches to achieving your goals or new methods to reach your desire outcome.

### C. Policy Statement and Notification

- a) Our agency has posted the DWD/DHFS model for Equal Employment Opportunity and Civil Rights Policy Statement “Attachment (3)” of the CRC plan.  
☐ YES      ☐ NO
- b) Our agency has translated the statement in accordance with our LEP Customer Analysis for oral interpretation and written vital documents plan. ☐ YES ☐ NO
- c) Our agency has posted our own Equal Rights Policy Statement and it is current through \_\_\_\_\_ Date.
- d) The following Equal Rights Policies translated to the LEP languages for the LEP Groups in our service area and they are posted:
- 1) Equal Opportunity in Employment and Service Delivery Policy ☐ Yes  
☐ No
- Limited English Proficiency Policy ☐ Yes    ☐ No
- 2) Compliant Policy and Procedures and Compliant Form ☐ Yes ☐ No
- e) We have disseminated the policy statement in the following ways:
- 1) Provide a list of agencies, news media, publications and referral sources where the statement was publicized.
- 2) List the locations with in your facilities where the policies are posted.
1. The policy is included in policy and operating procedures manual and is current through \_\_\_\_\_ Date ☐ Yes    ☐ No

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

2. The policy is posted permanently and visible in places where current customers and applicants applying for employment or services may review them: ☐ Yes  
☐ No

Spanish ☐ Yes ☐ No

Hmong ☐ Yes ☐ No

Russian ☐ Yes ☐ No

Somalia ☐ Yes ☐ No

Bosnian/Croatian/Serbian ☐ Yes ☐ No

Other languages (Specify) \_\_\_\_\_

3. The policy was reviewed by our managers, supervisors and staff on the following dates:

a) Executive Director/CEO Date reviewed \_\_\_\_\_

b) Managers Date reviewed \_\_\_\_\_

c) Supervisors Date reviewed \_\_\_\_\_

d) Front Line Staff Date reviewed \_\_\_\_\_

- 4) New employees and managers hired during this evaluation period received and reviewed the policy as part of their orientation program and in-service training on the following. ☐ Yes ☐ No

- a) All new staff, managers, directors, and chief executive officers have receive training on the policy, along with instruction on the laws and regulations concerning equal opportunity in employment and service delivery;

Number of new staff trained \_\_\_\_\_ Date \_\_\_\_\_

Number of new managers trained \_\_\_\_\_ Date \_\_\_\_\_

Number of Directors trained \_\_\_\_\_ Date \_\_\_\_\_

Number of chief executive officers trained \_\_\_\_\_ Date \_\_\_\_\_

- b) Copies of all nondiscrimination in employment and service delivery laws and regulations are made available to staff. ☐ Yes ☐ No

- c) We keep a file with the names of staff, facilitator/trainer, attending training with dates and curriculum. ☐ Yes ☐ No

Did staff attend refresher training for updates once every three years? ☐ Yes  
☐ No

- a) Attach the list of staff that attended civil rights compliance training in the past three years.

Do you keep a log with names of staff needing training? ☐ Yes ☐ No

- 6) Our policy is available in alternate formats

LEP languages for LEP groups in our service area. ☐ Yes ☐ No

a) Large print ☐ Yes ☐ No

b) Audio tape ☐ Yes ☐ No

c) Video Tape ☐ Yes ☐ No

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

- d) Braille ☐ Yes ☐ No  
e) When electronic information is exclusively used, text to voice and voice to text software is available for persons with sensory or physical disabilities as requested. ☐ Yes ☐ No

7) A short form of the policy was included in all recruitment materials for the, use of

Media ☐ Yes ☐ No  
Publications ☐ Yes ☐ No  
Phone listings ☐ Yes ☐ No  
Directories ☐ Yes ☐ No  
Community Bulletins ☐ Yes ☐ No

8. Our non-discrimination policy in employment and service delivery is incorporated in contracts and agreement language with vendors, contractors, and sub-contractors for services. ☐ Yes ☐ No  
9. Our agency has notified all customer referral sources of our policies. ☐ Yes ☐ No

Which referral sources did the policy get sent to:

- a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_  
e) \_\_\_\_\_

If you did not sent out your notice to referral sources, please describe when and how this will be accomplished

Acts as equal opportunity liaison between the organization or provider, DWD/DHFS and or federal civil rights office and the community.

**3. Designation of Equal Opportunity Coordinator**

- a) Our appointed Equal Opportunity Coordinator (EOC) is a management level employee. ☐ Yes ☐ No His/her name and official position in the organization is \_\_\_\_\_  
b) Our EOC meets with the organization head to discuss equal opportunity issues and activities:  
1) Every month  
2) Every other month  
3) Quarterly  
4) Annually

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

- c) Our EOC received civil rights training provided by DWD/DHFS civil rights office within six months of assuming equal opportunity duties. He/she attended on training on \_\_\_\_\_. Our EOC is schedule to attend training on \_\_\_\_\_  
Date
- d) Is the name and signature of our EOC is clearly visible on the cover page of the policy and dated? ☐ Yes ☐ No

Our EOC:

Handles service delivery and employment discrimination complaints? ☐ Yes  
☐ No

- 1) Disseminates equal opportunity information to entity 's provider staff and interested persons? ☐ Yes ☐ No  
Prepares equal opportunity plans, reports assessments? ☐ Yes ☐ No
- 2) Acts as equal opportunity liaison between the organization or provider, DWD/DHFS and or federal civil rights office and the community? ☐ Yes ☐ No
- 3) Does the EOC monitor, conduct compliance reviews, evaluates equal opportunity activities of the organization and does it include language and physical accessibility, cultural competency and civil rights training needs of employees? ☐ Yes ☐ No.
- 4) Are equal opportunity and confidential records files maintained and are records and files relative to the organization's civil rights program monitored?
- 5) Does the EOC ensure that sub-recipients are maintaining records for all individuals, regardless of protected status in a uniform fashion? ☐ Yes ☐ No
- 6) Does the EOC provide input to management to improve equal opportunity in employment and service delivery? ☐ Yes ☐ No
- 7) Do EOC and LEPC coordinate their functions when a equal opportunity in service delivery complaint is filed regarding language access? ☐ Yes ☐ No

#### 4. Access to Services

- a). Our organization completed an ADA Accessibility Guideline (ADAAG) or facility assessment and the organization is fully accessible. A copy of the completed checklists is on file and dated \_\_\_\_\_.
- b). Our organization assures that services are equally available to everyone by providing equal access to all programs, services or activities, including but not limited to:

- Eligibility ☐ Yes ☐ No.
- Treatment ☐ Yes ☐ No.
- Staff assignments ☐ Yes ☐ No.
- Outreach ☐ Yes ☐ No.
- Intake ☐ Yes ☐ No.
- Diagnosis ☐ Yes ☐ No.
- Assessment and evaluation ☐ Yes ☐ No.
- Research ☐ Yes ☐ No.

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

- Days and hours of service ☐ Yes ☐ No.
  - Facilities assignments
  - Communication of information and referrals to other services ☐ Yes ☐ No.
- c). We assure that our facilities are physically accessible and allow persons with functional limitations caused by impairments of sight, hearing, coordination or perception, or persons with semi-ambulatory or non-ambulatory disabilities to enter, leave, circulate within, use public toilet facilities and elevators? ☐ Yes ☐ No.
- d). Provide language interpreters and/or sign interpreters to assist applicants and customers with limited ability to read, speak or understand English or those who are deaf or hard of hearing.
- e) Provide literature, post information and/or audio-visual materials in languages that is understood by customers, and in formats that are understandable to persons with visual or hearing impairments? ☐ Yes ☐ No.
- f) We provide readers or assistive technology for persons with visual impairments.
- List the name of the person who provides reading assistance:  
\_\_\_\_\_
  - List the types of assistive technology used for persons with visual impairments  
\_\_\_\_\_
- g) We provide special assistance for persons with developmental or learning disabilities.
- Indicate what special assistance is provided: \_\_\_\_\_
- h) We provide services to an eligible applicant or participant who are in a protective status such as:
- Refugees ☐ Yes ☐ No
  - Migrant and Seasonal Farm Workers ☐ Yes ☐ No
  - Eligible Qualified immigrants ☐ Yes ☐ No
  - Undocumented immigrants ☐ Yes ☐ No
  - Immigrants Victims of Domestic Violence with VAWA Self-Petition filed ☐ Yes ☐ No
  - H2-A or H2-B Workers ☐ Yes ☐ No
- i) We inform immigrants (Qualified and Unqualified) that information regarding their immigration status will not be reported to other federal agencies, and will not be used to discriminate against them in written form and posters. ☐ Yes ☐ No
- j) We ensure that members of protected classes have equal opportunity to participate on planning and advisory boards at the local levels through notification of membership opportunities. ☐ Yes ☐ No

List the advisory boards/councils, subcommittees and planning committees maintained by the organization and list the names of the protected class members participating in these groups for your organization:

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Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

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- k) Our organization allocates funds for programs, services and activities in a non-discriminatory manner. ☐ Yes ☐ No

Describe how the organization ensures that resources allocated for services, programs and activities most frequently access by protected groups are done in a non-discriminatory

manner: \_\_\_\_\_

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- l) Our organization provides equal opportunity for applicants and participants to become vendors, grantees and sub-grantees, and contractors. ☐ Yes ☐ No

Describe what policies, procedures or program your organization has developed to achieve equal opportunity access to participants and applicants to become vendors, grantees, and/or subcontractors:

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What non-discriminatory factors does the organization use in determining awards, sizes of grants, contracts, projects, and the quality, quantity, range of benefits provided in proportion to the number of such members in the service area?

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- m) Establishing program service areas to integrate members of protected classes.

- n) Our organization ensures that protected class members are treated with full courtesy and respect in all personal, oral, written and other forms of communication and contract by (Please describe):

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Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

o) Our organization provides culturally competent bilingual and/or bicultural qualified staff and specialized services. ☐ Yes ☐ No

Our bilingual staff received cultural competency training for the following protected groups:

- Latino culture date: \_\_\_\_\_
- Hmong culture date: \_\_\_\_\_
- Laotian date: \_\_\_\_\_
- Vietnamese date: \_\_\_\_\_
- Russian culture date: \_\_\_\_\_
- Bosnian/Servo-Croatian date: \_\_\_\_\_
- Deaf and Hard of Hearing date: \_\_\_\_\_
- Visually impair date: \_\_\_\_\_
- Physically Challenged date: \_\_\_\_\_
- Other culture date: \_\_\_\_\_

Describe the other types of specialized services provided to other individuals:

p) Our organization ensures that we apply sanctions and terminations in a non-discriminatory and culturally sensitive manner without regard to protected status:  
☐ Yes ☐ No

q) We provide access to deaf and hard of hearing participants in the following manner:

TTY/TDD ☐ Yes ☐ No

The TTY/TDD number is \_\_\_\_\_ and it is located at \_\_\_\_\_.  
The person responsible to answering and responding to calls is: \_\_\_\_\_

Wisconsin Relay Services (WRS) ☐ Yes ☐ No

r) Have all staff being training on how to use the TTY/TDD? ☐ Yes ☐ No  
Have all staff received instructions on how to use the WRS system? ☐ Yes ☐ No

5. Discrimination Complaint/Grievance Procedure

- a) Our agency utilizes the DWD/DHFS model Discrimination Complaint Forms and Process, provided as Attachment 5 of the CRC plan, including the translations required in accordance with LEP Plan for vital documents.  
☐ Yes ☐ No
- b) Instead of utilizing DWD/DHFS model Discrimination Complaint Forms and Process, we have provided and posted our own Discrimination Complaint forms including the translations required in accordance with LEP Plan for vital documents. ☐ Yes ☐ No
- c) Our organization will implement the following procedures:



Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

- 1) The complaint procedure, including the name, address and phone number of the complaint investigator, is publicly and prominently posted and available in language(s) understood by customers, and is in a format or formats accessible to persons with visual or hearing impairments. ☐ Yes ☐ No
- 2) We maintain all written investigation documents confidentially. ☐ Yes ☐ No
- 3) All participants in complaint investigations are protected from retaliation. ☐ Yes ☐ No
- 4) Have complaints received been acknowledged within 5 calendar days including appeal rights? ☐ Yes ☐ No
  - a) If extensions were needed, was the complainants notified? ☐ Yes ☐ No
- 5) Were the results of complaint investigations provided to complainant within 90 days of receipt of the complaint along with appropriate appeal rights? ☐ Yes ☐ No
- 6) Was corrective action taken when evidence of discrimination was found unless waived by the complainant? ☐ Yes ☐ No
- 7) Did the organization provide translators, interpreters and/or readers, who meet the communications needs of customers, during the complaint process? ☐ Yes ☐ No
  - i. What language(s) translators/interpreters were use? \_\_\_\_\_
  - ii. How often \_\_\_\_\_
  - iii. Were readers or sign language interpreters used? ☐ Yes ☐ No
  - iv. How often \_\_\_\_\_
- 8) Were customers allowed to use their own advocates during the complaint process? ☐ Yes ☐ No
- 9) Were customer complainants advised of other remedies including the right to appeal to:
  - Division of Workforce Solutions, DWD ☐ Yes ☐ No
  - AA and Civil Rights Office, DHFS ☐ Yes ☐ No
  - Appropriate Federal Office for Civil Rights (depending on the source of federal funds) ☐ Yes ☐ No
  - Program decisions to: DOA Division of Hearings and Appeals ☐ Yes ☐ No
- 10) Were employee complainants advised of other remedies including the right to appeal to : ☐ Yes ☐ No
  - Wisconsin Equal Rights Division (ERD) for all employers. ☐ Yes ☐ No
  - Equal Employment Opportunity Commission (EEOC), U.S. DOJ ☐ Yes ☐ No
  - Appropriate Federal Office for Civil Rights (depending on the source of federal funds) ☐ Yes ☐ No
  - Indian Tribal Council if tribal member ☐ Yes ☐ No

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

- Tribal Employment Relation Organization ☐ Yes ☐ No

- 11) Dose recipient /sub-recipient staff assist complainants during the complaint process when necessary? ☐ Yes ☐ No
- 12) Are complainants advised that the complaint must be filed within 180 days from the alleged discriminatory act? ☐ Yes ☐ No
- 13) Are complaints advised that the filing times may be extended if necessary? ☐ Yes ☐ No

**6. Self Evaluations**

- a) Our organization evaluates and updates annually its service delivery and employment practices according to the following procedures:
  - 1) Conduct a self-evaluation with consultation from interested persons, including persons or organizations.
    - a) Is a list of interested person or organizations participating in the self-evaluations maintained? ☐ Yes ☐ No
    - b) When was the self-evaluation conducted Date \_\_\_\_\_. Were records maintained of the evaluation process, including the names of interested persons who were consulted, a description of the areas examined and any problems identified, and a description of remedial steps taken and/or modifications made? ☐ Yes ☐ No
    - c) Do you make records available to staff monitoring? ☐ Yes ☐ No
  - 2) We modified policies or practices that do not meet the standards for equal opportunity in employment or service delivery. ☐ Yes ☐ No
    - a. If yes, which policies or practice were modified?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Were appropriate remedial steps taken to eliminate the effects of any discrimination or adverse impact that resulted from past policies or practices? ☐ Yes ☐ No
- 4) Did the organization review data on customers served within programs, services or activities, by racial and ethnic status, gender, age, disability status, to determine measurable adverse impact? ☐ Yes ☐ No
- 5) Data analysis includes comparisons of applicants; eligible, non-eligible, persons terminated from service, and bilingual staff persons. ☐ Yes ☐ No
- 6) Compare racial and ethnic, gender, and disability workforce statistics in proportion to their representation in the local labor market.
- 7) Were your Affirmative Action Goals met during this review period? ☐ Yes ☐ No
- 8) If not what is the organization doing to me these goals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

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- 9) Monitor reasonable accommodation requests, approvals, denials and current status for employees with disabilities. ☐ Yes ☐ No
- 10) What improvements to the facilities were made that were reasonable and necessary, to provide physical accessibility to persons with disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11) Did you monitor the civil rights and equal employment opportunity compliance of sub-grantees, sub-contractors and/or vendors on a biennial basis? ☐ Yes ☐ No
- 12) Which sub-grantees, sub-contractor or vendors were selected for a monitor site review of civil rights compliance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 13) Did the organization assess the needs of members of protected groups and measure the extent to which services are actually delivered in a culturally relevant and accessible manner? ☐ Yes ☐ No
- 14) Did the organization assess the representation of members from protected classes for boards, councils, volunteers, and sub-grantees based on funding source requirements? ☐ Yes ☐ No
- 15) Were compliance reports maintained of providers, grantees, sub-grantees, and vendors? ☐ Yes ☐ No
- 16) Were reports of all complaints by name, address, date, nature, and investigation status maintained? ☐ Yes ☐ No
- 17) Are these reports accessible during on-site visits? ☐ Yes ☐ No

**5. LEP Policy Statement and Notification**

- a) Our agency is utilizing the DWD/DHFS model Limited English Proficiency Policy and we have posted the translated policy as required in accordance with our LEP Plan for vital documents. ☐ YES ☐ NO
- b) We have prominently posted our LEP Policy in the appropriate LEP languages in the following areas:
- Customer waiting room/area ☐ YES ☐ NO

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

- By the receptionist area ☐ YES ☐ NO
- c) The policy is posted in all facilities/buildings frequent by LEP customers ☐  
YES ☐ NO
- d) Instead of utilizing the model Limited English Proficiency Policy, we have posted our own Limited English Proficiency Policy, including the translations required in accordance with LEP Plan for vital documents.
- e) We have prominently posted our LEP Policy in the appropriate LEP languages in the following areas: ☐ Yes ☐ No
  - Customer waiting room/area ☐ YES ☐ NO
  - By the receptionist area ☐ YES ☐ NO
- f) The policy is posted in all of our facilities/buildings where LEP customers access. ☐ YES ☐ NO
- g) We have disseminate the policy statement in the following ways:
  - Internal posting within our facilities/buildings for customers ☐ Yes ☐ No
  - Mail a copy of the policy statement to all of our referral sources on (Provide Date) \_\_\_\_\_
  - Published the policy statement in all our brochures, and external publications ☐ Yes ☐ No
  - A short policy statement is included in all letters of denial, and notification sent to customers ☐ Yes ☐ No
  - A short statement is included in media advertisements and directories ☐  
Yes ☐ No
- 1) The policy is included in our policy and operating procedures manual. ☐ YES ☐ NO
- 2) The policy is prominently posted where both current customers and applicants for services may review it. ☐ YES ☐ NO
- 3) The policy is reviewed annually by:
  - Chief Executive Officer/Executive Director on \_\_\_\_\_ Date
  - Managers on \_\_\_\_\_ Date
  - Supervisors on \_\_\_\_\_ Date
  - Front line Staff on \_\_\_\_\_ Date
- 4) New employees and managers are informed of the policy as part of their orientation program and in-service training. ☐ Yes ☐ No
- 5) Staff will receive training on the policy, along with instruction on the laws and regulations concerning language access. ☐ Yes ☐ No
- 6) Copies of the laws and regulations are made available to staff. ☐ Yes ☐ No
  - During the previous 12 month period \_\_\_\_\_ new employees were informed of the policy during employee orientation

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

- During the previous 12 month period \_\_\_\_\_ of new managers were provided with copies of the policy during employee orientation
- 7) Staff are required to attend refresher training session once every three years. ☐ Yes ☐ No
- We keep a log with the names of employees who attended training in the past 12 months and it identifies those employees who need to attend (attached log) ☐ Yes ☐ No
  - Number of employees receiving training in the past 12 months \_\_\_\_\_
  - Number of employees needing training \_\_\_\_\_
- 8) The policy is available in alternative formats (i.e., relevant language translations, large print, on tape, Braille) upon request. If electronic information is used exclusively, text to voice and voice to text software is provided for persons with sensory or physical disabilities if requested.

The alternative formats used by our organization include:

- Translated to other languages ☐ Yes ☐ No
  - Large print ☐ Yes ☐ No
  - Audio Tape recording ☐ Yes ☐ No
  - Braille ☐ Yes ☐ No
  - Text to voice and voice to text ☐ Yes ☐ No
  - Other method \_\_\_\_\_ (Specify) ☐ Yes ☐ No
- 9) A short form of the policy is included in recruitment material, use of media, publications, phone listings and directories.
- Specify what recruitment material  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - What media sources were used to publish the policy  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Which phone listings and/or directories \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10) The policy is incorporated in contracts and agreements with vendors, contractors, and suppliers.
- 11) Our organization has notified the following customer referral sources of the our policies:
- County Health and Human Service Department(s)

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

- Community Based Organization(s)
- Community Hospitals
- Limited English Proficient Communities List names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Specify any additional sources  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Designation of Limited English Proficiency (LEP) Coordinator**

- a Our Limited English Proficiency Coordinator is a management level employee and he/she holds the title of \_\_\_\_\_ in the organizations.
- b Our LEPC has direct access to the organization head to discuss LEP issues or activities. The LEPC meets with the organization head to discuss LEP issues and activities:
- Monthly ☐ Yes ☐ No
  - Bimonthly ☐ Yes ☐ No
  - Quarterly ☐ Yes ☐ No
  - Annually ☐ Yes ☐ No
- c Our LEPC has received or will receive CRC training within six months of assuming Limited English Proficiency Coordinator responsibilities.
- LEPC received training on \_\_\_\_\_
  - Provide date when LEP is schedule to attend training \_\_\_\_\_
- d. The name of our LEPC appears on the cover page indicating that individual has an understanding of his/her responsibilities. ☐ Yes ☐ No
- e. Our LEPC has the following responsibilities:
- 1) Handling language access complaints. ☐ Yes ☐ No
  - 2) Disseminating language access information to provider staff and interested persons. ☐ Yes ☐ No
  - 3) Preparing language access plans and reports. ☐ Yes ☐ No
  - 4) Monitoring, conducting compliance reviews and evaluating language access activities in the organization. ☐ Yes ☐ No
  - 5) Providing monitoring, and evaluating language access sensitivity and training needs for providers and staff. ☐ Yes ☐ No
  - 6) Providing input to management to improve language access. ☐ Yes ☐ No
  - 7) Where language access functions relate to equal opportunity, the LEPC and the Equal Opportunity Coordinator will plan and carry out functions in unison. ☐ Yes ☐ No

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

7. **Access to Services**

- a. Our organization assures that services are equally available to everyone by
- 1) Notify LEP customers of their right to ask for translation to a language other than English whenever they access programs and services. ☐ Yes ☐ No
  - 2) Listing of our vital documents requiring written translation and update annually to reflect which documents are translated. ☐ Yes ☐ No
  - 3) A listing of vital documents that will be translated update annually. ☐ Yes ☐ No
  - 4) Establish procedures for obtaining timely interpretation and translation services of newly written vital documents. ☐ Yes ☐ No
  - 5) We use the following methods of written translation services:
    - Contract with an outside translation services to translate the recipient's vital documents.
    - Partner with community associations for paid or voluntary translation.
    - Other
    - List the name of volunteers providing written translations
  - 6) We use the following methods of oral interpretation:
    - Establish procedures for taking incoming calls from LEP persons. We have incorporated the procedures into our operation manuals. ☐ Yes ☐ No
    - Staff received training on how to handle incoming calls. ☐ Yes ☐ No
    - We hire bilingual staff. ☐ Yes ☐ No
    - Use a language line for languages not often used in the service area. We use \_\_\_\_\_ language line.
    - We have partner with community associations for paid or voluntary translation services. ☐ Yes ☐ No
    - Other: \_\_\_\_\_
  - 7) We have developed policies on confidentiality and code of ethics for our oral language interpreters.
    - A confidentiality and code of ethics statement was sign by all oral language interpreters used and they are in file. ☐ Yes ☐ No
    - Volunteer and/or paid Language interpreters have been trained on the confidentiality and codes of ethics on \_\_\_\_\_Date
  - 8) Review oral interpreter and written translator vendor providers annually for quality of services provided.
    - An annual review of quality assurance for written and oral translations of our vendors was conducted on \_\_\_\_\_Date
  9. Our organization has developed collaborative partnerships or memorandum of agreements with the following community base organizations:

Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

- Mutual Assistance Agencies \_\_\_\_\_
- Faith-based organizations \_\_\_\_\_
- Hispanic/Migrant organizations \_\_\_\_\_
- Other refugee organizations \_\_\_\_\_

10. Our organization utilizes the following methods to communicate vital documents to customers. Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Video                            | <input type="checkbox"/> Television          |
| <input type="checkbox"/> Web Sites                        | <input type="checkbox"/> Radio               |
| <input type="checkbox"/> Posters                          | <input type="checkbox"/> Community Newspaper |
| <input type="checkbox"/> Voice Mail Messages              | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Interactive Voice Response (IVR) |  |

11. Where language access relates to equal access to services, coordinate functions with the Equal Opportunity policy and related plans.

**8. LEP Discrimination Complaint/Grievance Procedure**

a) Our organization has implemented procedures:

1. Resolution of complaints regarding language assistance. ☐ Yes ☐ No
2. Equal opportunity discrimination complaint/grievance procedures for alleged discrimination complaints and/or grievances involving language access. ☐ Yes ☐ No

**9. Self-Evaluation**

a) Our organization annually evaluates and revises its service delivery and employment practices according to the following procedures.

1. Conduct an annual self-evaluation of language access policies, procedures and services and modify those requiring improvement. The most recent self-evaluation conducted for our organizations is dated \_\_\_\_\_.
2. We maintained records of the evaluation process, including the names of interested persons consulted, a description of the areas examined and any problems identified, and a description of remedial steps taken and/or modifications made. Records are available to state and federal staff upon request. ☐ Yes ☐ No
3. Review data on customers served and service complaints; translator and interpreter providers and their quality of service; and training activities and LEP costs. Provide recommendations for improvement in future plans. Our review was conducted on \_\_\_\_\_ Date.



Department of Workforce Development and Department of Health and Family Services  
Civil Rights Compliance Self-Assessment Checklist

4. Coordinate with equal opportunity policies and related plans where language access relates to equal opportunity and service delivery. ☐ Yes ☐ No